

FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

vs.

LINDA MARQUES

Defendant

CIVIL NO. 02-CV-4853

CERTIFICATE OF SERVICE
PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)

Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☐ Personal Service by the Sheriff's Office/competent adult (copy of return attached).
- ☐ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
- ☐ Certified mail by Sheriff's Office.
- ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
- ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
- ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.

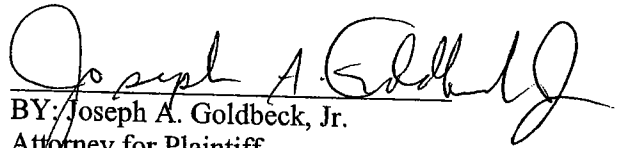
IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.

- ☒ Premises was posted by ~~Sheriff's Office~~/competent adult (copy of return attached).
- ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
- ☒ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,


BY: Joseph A. Goldbeck, Jr.
Attorney for Plaintiff

TO: MARQUES, LINDA
LINDA MARQUES
218 Jefferson Court
Quakertown, PA 18951

SENDER: GOLDBECK MCCAFFERTY & MCKEEVE
March 7, 2003

REFERENCE: MARQUES, LINDA / USA-0173
- Bucks

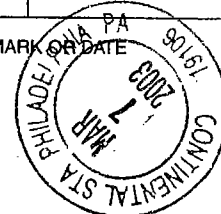
PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
Certified Mail**

No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK ON DATE



GOLDBECK McCAFFERTY & McKEEVER

Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106

Check type of mail:
☐ Express
☐ Registered
☐ Insured
☐ COD
☐ Return Receipt (RR) for Merchandise
☐ Certified
☐ Int'l Rec. Del.
☐ Del. Confirmation (DC)

If Registered Mail
check below:
☐ Insured
☐ Not Insured
 Affix stamp here if issued
as certificate of mailing,
or for additional copies of
this bill.

Postmark and
Date of Receipt

Line	Article Number	Addressee Name, Street, and PO Address	Postage	Fee	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sander If COD	RR Fee	DC Fee	SC Fee	SH Fee	SR Fee	Remarks
1		PA DEPARTMENT OF REVENUE Bureau of Accounts Settlement P.O. Box 8901 Harrisburg, PA 17105												
2		ROBERT E. MARQUIS 7219 Radcliffe Street Bristol, PA 19007												
3		ELIZABETH ANN MARQUIS 7219 Radcliffe Street Bristol, PA 19007												
4		PA DEPARTMENT OF PUBLIC WELFARE Bureau of Child Support Enforcement Health and Welfare Bldg. - Room 432 P.O. Box 2675 Harrisburg, PA 17105-2675												
5		DOMESTIC RELATIONS OF BUCKS COUNTY 30 East Court Street Doylestown, PA 18901												
6		OCCUPANTS/TENANTS 218 Jefferson Ct. Quakertown, PA 18951												
7		ALAN C. MARQUIS 600 Rosalind Run Yardley, PA 19067												
8														
9														
10														
11														
12														
13														
14														
15														
Total Number of Pieces			Total Number of Pieces Received at Post Office			Postmaster, Per (Name of receiving employee)								

PS Form 3877, April 1999

Complete by Typewriter, Ink, or Ball Point Pen

The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail sent with optional postal insurance. See Domestic Mail Manual R300, R312, and R321 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.

1163 U.S. POSTAGE
9470 \$07.200
7223 MAILED FROM ZIP CODE 19106

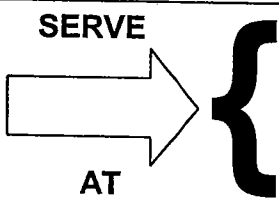
M. Angewies

USA

LINDA MARQUES

CHECK # _____

AFFIDAVIT OF SERVICE

PLAINTIFF/S/ THE UNITED STATES OF AMERICA		COURT NUMBER 02-CV-4853
DEFENDANT/S/ LINDA MARQUES		<input type="checkbox"/> COMPLAINT - MORTGAGE FORECLOSURE <input checked="" type="checkbox"/> WRIT OF EXECUTION - MORTGAGE FORECLOSURE <input type="checkbox"/> COMPLAINT - EJECTMENT <input type="checkbox"/> WRIT OF POSSESSION
	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVICE MARQUES, LINDA	
	ADDRESS (Street or Road, Apartment No., City, Boro, Twp., State and ZIP Code) 218 Jefferson Court Quakertown, PA 18951	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE:		
ADDRESS OF ATTORNEY FOR PLAINTIFF GOLDBECK McCafferty & McKeever Suite 500 - The Bourse Bldg. 111 S. Independence Mall East Philadelphia, PA 19106		

Louis Giacomelli, hereby certifies in accordance with law that he did serve upon above named Defendant a true and correct copy of the above-captioned on the 6 day of MARCH 2003 at 100 o'clock A.M., in the following manner:

- ☐ Defendant(s) personally served.
☐ Adult family member with whom said Defendant(s) reside(s). Relationship is _____
☐ Adult in charge of Defendant's residence who refused to give name or relationship.
☐ Manager / Clerk of place of lodging in which Defendant(s) reside(s).
☐ Agent or person in charge of Defendant's office of usual place of business.
☐ _____ an officer of said Defendant company.
☒ POSTED in accordance with Court Order.
☐ Other _____

On the _____ day of _____, 20____, at _____ o'clock, ____ .M., Defendant not found because:

☐ Moved ☐ Unknown ☐ Vacant ☐ Other _____

I certify the foregoing to be true and correct.

SWORN TO AND SUBSCRIBED:

Before me this 17 day:
of Mar, 2003:

Kathleen M. Lion
Notary Public

SIGNATURE Louis Giacomelli

PRINT NAME LOUIS GIACOMELLI

NOTARIAL SEAL
 Kathleen M. Lion, Notary Public
 City of Philadelphia, Phila. County
 My Commission Expires May 14, 2004

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

vs.

LINDA MARQUES

Defendant

CIVIL NO. 02-CV-4853

AFFIDAVIT PURSUANT TO RULE 3129

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

218 Jefferson Court
Quakertown, PA 18951

1. Name and address of Owner or Reputed Owner:

LINDA MARQUES
218 Jefferson Court
Quakertown, PA 18951

2. Name and address of Defendant in the judgment:

LINDA MARQUES
218 Jefferson Court
Quakertown, PA 18951

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

PA DEPARTMENT OF REVENUE
Bureau of Accounts Settlement
P.O. Box 8901
Harrisburg, PA 17105

ROBET E. MARQUIS
7219 Radcliffe Street
Bristol, PA 19007

ELIZABETH ANN MARQUIS
7219 Radcliffe Street
Bristol, PA 19007

PA DEPARTMENT OF PUBLIC WELFARE
Bureau of Child Support Enforcement
Health and Welfare Bldg. - Room 432
P.O. Box 2675
Harrisburg, PA 17105-2675

DOMESTIC RELATIONS OF BUCKS COUNTY
30 East Court Street
Doylestown, PA 18901

4. Name and address of the last recorded holder of every mortgage of record:
5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:
6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

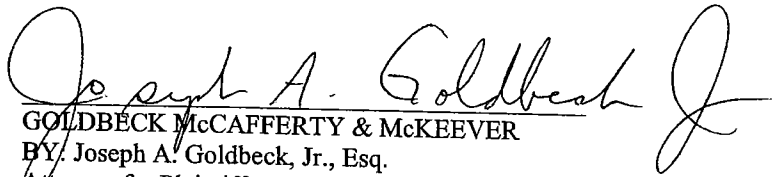
OCCUPANTS/TENANTS
600 Rosalind Run
Yardley, PA 19067

ALAN C. MARQUIS
600 Rosalind Run
Yardley, PA 19067

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: March 17, 2003


GOLDBECK McCafferty & McKEEVER
BY: Joseph A. Goldbeck, Jr., Esq.
Attorney for Plaintiff

PLAINTIFF

THE UNITED STATES OF AMERICA

COURT CASE NUMBER

02-CV-4853

DEFENDANT

LINDA MARQUES

TYPE OF PROCESS NOTICE of U.S. MARSHALL SALE

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

LINDA MARQUES

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

218 JEFFERSON COURT QUAKERTOWN PA 18951

AT

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

GOLDBECK McCafferty & McKEEVER

Suite 500 The Bourse Building

111 S. Independence Mall East

Philadelphia, Pennsylvania 19106

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PLEASE POST HAND DELIVER

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

312-637-1322

DATE

3-3-03

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.
(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 66

District to Serve

No. 66

Signature of Authorized USMS Deputy or Clerk

George Lee

Date

3-4-03

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

3/4/03

Time

1:00

am

pm

Signature of U.S. Marshal or Deputy

George Lee

Service Fee

Total Mileage Charges (including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

13.68

REMARKS:

Posted. Bounced 2 days 1/2 back now gone

NOTE